# ARIZONA STATE BOARD OF HEALTH
### BUREAU OF VITAL STATISTICS
### STANDARD CERTIFICATE OF BIRTH

State File No. 178
Registered No. 93

1. PLACE OF BIRTH

County _Gila_  State _Arizona_

District or Township _Lower Miami_  or Village _____

City _Miami_  No. _100 Grover Canyon_ St., _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Maria Ruiz_

{ If child is not yet named, make supplemental report, as directed.

| 3. Sex of Child | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 6. Legitimate? | 7. Date of birth |
|---|---|---|---|---|
| female | 5. No., in order of birth | | yes | Feb 24 1929 |

Month Day Year

| 8. FATHER | 14. MOTHER |
|---|---|
| Full name _Leon Ruiz_ | Full maiden name _Ursula Lara_ |
| 9. Residence (Usual place of abode) _Miami, Ariz_ If non-resident, give place and state. | 15. Residence (Usual place of abode) _Miami, Arizona_ If non-resident, give place and state. |
| 10. Color or race _Mexican_   11. Age at last birthday _26_ (Years) | 16. Color or race _Mexican_   17. Age at last birthday _25_ (Years) |
| 12. Birthplace (city or place) _____ (State or country) _Mexico_ | 18. Birthplace (city or place) _____ (State or country) _Mexico_ |
| 13. Occupation _Miner_ Nature of industry _Asbestos_ | 19. Occupation _____ Nature of industry _Housewife_ |

20. Number of children of this mother _2_
(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living _2_
(b) Born alive but now dead _0_
(c) Stillborn _0_

21. Were precautions taken against ophthalmia neonatorum. _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _alive_ at _8 30 P_ m. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _W. F. Miller_  M.D.

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address _Miami, Ariz_

Filed _Mch 5_, 19 _29_  _C. E. Mm_

Registrar.  Registrar.

499-224-431